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ABSTRACT

This report describes one teacher's experience in designing and teaching an English course of 15 hours to nursing students specializing in anesthesia. The discussion focuses on how an English teacher can equip students with effective reading skills in such a specific area, and to what extent the teacher can involve the subject content. An exploration is presented of students' barriers in using English and some suggested solutions are provided. (Author/AB)

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ED 367 189

In Designing a Short Course in ESP

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Abstract:

This paper will describe the speaker's experience in designing and teaching an English course of 15 hours to nursing students, specialized in Anesthesia. The major objective is to enable the students to read texts and articles in this field. The paper will discuss how an English teacher can equip the students with an effective skill of reading in such a specific area, and to what extent the teacher can involve the subject content. The minor objective is to enable the students to be able to talk to English speaking patients. An exploration of students' barriers in using English will be presented with some suggested solutions. Through the paper, examples of teaching materials will be demonstrated together with the reports of evaluation.

Introduction:

In Thailand, English is truly a foreign Language. Thai people have their own language. They use Thai language as a means of communication in everyday life. Thai is used as a national language, and is also used as a medium of instruction from kindergarten to postgraduate level. However, the importance of English is realized as a major international language. Moreover, English plays an important role in education at higher levels. Therefore, English is usually considered as a required subject at all levels of education in Thailand.

At Mahidol university, which is regarded as a medical science oriented university, very little time is available for English courses. The major goal of teaching English is to enable students to read medical or scientific texts written in English. Therefore, the reading skill is mainly emphasized throughout every syllabus. Even though writing is the second skill that needs to be emphasized, its importance is much less than that of reading. The listening skill is ranked third in importance while the speaking skill is rarely paid attention to.

"The Training Program in Nurse Anesthetists" is a one-year Post Diploma Certificate for nurses who have obtained a bachelor degree (or any equivalent) in Nursing. English is one of the required courses but only for one credit of fifteen teaching hours. According to the syllabus, English for medical science and nursing science especially in anesthesia is needed in order to enable the students to read the texts and any subject matter related to their academic field. However, the objectives and contents of this course can be flexible depending on the consideration of the teacher assigned to teach it.

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Needs Analysis:

Studying the course description which was very narrow and specific, I had nothing to disagree with. Since the time available for the course was only 15 hours, or 10 periods of 90 minutes, the course should be specifically designed to be relevant to the students' needs and also to meet their interests.

It was certain that the students needed English for academic purposes. But I wondered whether they needed it in their career. Pleansaisurb, W. (1984) surveyed the needs of medical students for the use of the four skills of English by distributing questionnaires to medical students, lecturers, interns, doctors and administrators of the two hospitals at Mahidol University. The results showed that reading is the skill most needed for their studies and for their future career. Medical students do not have great needs for the other three skills of English: writing, listening and speaking. However, listening and speaking are the skills most wanted. Rattanapinyowong, W.et. al (1978) investigated more details of the academic English of medical students and found that reading in English is required in about 65% of the courses, writing 25% listening 20% and speaking only about 10%.

Even though the two pieces of research mentioned were conducted with medical students, I suspected that nursing students would need English for their academic purposes as well. I suspected further that in their nursing career, speaking might be needed in cases of taking care of foreign patients. Therefore, I planned the course mainly emphasizing reading medical English especially in Anesthesia or subjects related as required in the course syllabus and prepared supplemented materials on speaking in case I found out that the speaking skill was needed in the students' career.

Teaching Plans:

In designing a course of ESP (English for Specific Purposes), there are three essential factors that one should be aware of: the students' needs, the students' background in English and the teachers' knowledge of the specific area. For the nurses in the program for training nurse anesthetists, these factors can be clarified as follows:

1. The students' needs of English are certainly mainly reading and probably speaking as mentioned above.

2. The background of the students was surveyed by asking for the information from the Department of Anesthesia. There were 22 students, 20 of them had got a higher Certificate in Nursing (equivalent to a bachelor degree) from different hospitals in Thailand, and only 2 of them had got a BSc. in Nursing from a University. Most of them were around 28 years old and has been working for about 7 years taking care of severe patients. Most of them reported that they had rarely used English since they left their Nursing College. Thus, the classroom situation was just like teaching English to adults of about the same age and the same career. One difficulty was to recall their past knowledge on the use of English

3. Since this course is to emphasize the reading skill in the students' subject areas, the teacher has to be able to understand these subject matters. Generally, English teachers do not have a scientific or technical background, but for this course the students' field of study is even more specific, anes-

thesia. So to what extant can the teacher involve the subject content?

I decided to use short easy articles in Anesthesia as a part of my teaching materials. With the co-operation of a doctor in the Department of Anesthesia, I got three articles which are relevant to the student I was going to teach. These articles are:

1. *"Posttraumatic Respiratory Insufficiency:How and Why Does It Happen?"* written by *Ronald G. Pearl, MD., PhD.*, published by the International Anesthesia Research Society, 1992. (about 1500 words)

2. *"The Anesthetic Management of Sudden Intrapartum Fetal Distress"* written by *Diane R Biehl, M.D., F.R.C.P.* and *Jo Swartz, M.D., F.R.C.P.* (about 2700 words)

3. *"Leakage of Disposable Breathing Circuits"* written by *Jian-Sheng Wang, MD., Wei-Te Hung, MD.*, and *Chung-Yuan Lin, MD.*; published in J. Clin. Anesth. vol.4, 1992 (about 5,000 words).

Scanning through the three recommended articles above, I was worried how I could use them as teaching materials. They were very difficult for me to understand. I tried to read them again considering the English structures,the style of writing and the vocabulary used. I found out that the structures were not complicated; the texts were developed in a straight forward style of factual presentation. My problem in the comprehension of the texts was the technical terms. Then I doubted whether the students would have the same problems as I did. I asked a few nurses who would like to leave their jobs and were doing M.A. in Applied Linguistics at my department. All of them said that the students should be able to read the articles and the technical terms should not be a problem for them. If so, I should try to use these articles as teaching materials and probably ask the students or some scientists to help me with the technical terms. Therefore, I decided to use the first two articles as a part of my teaching materials. It would be a tough burden for any teachers to teach reading materials that are difficult for them to comprehend themselves.

As it was my first opportunity to teach nurse anesthetists, I planned further to carry out an active research or classroom observation that might answer the following questions.

1. What are the skills of English that nurse anesthetists need?

2. What kinds of materials are most appropriate for anesthetic nursing students?

3. What teaching method is suitable for the students?

4. What kinds of tests should be used for evaluation?

It seemed to me that for the reading skill, the ability to read texts or articles in the field of study was an ultimate goal. If the objectives of the course were too high, the students might be discouraged and might have a bad attitude toward English. Students who are poor in English need to be carefully considered with regard to how to enable these students to catch up with the others. A pre-test was needed to identify the range on English ability of the whole class. Teaching materials should be adapted even in the middle of the course to correspond to the students'ability. Classroom observation should be carried out. Finally, evaluation should be well designed. Failing any students can be a disaster for them.

Teaching Materials:

After investigating the students' background, studying the previous research and consulting some doctors and nurses, I designed the teaching materials for the course rather flexible in terms of quantity and difficulty. The materials ranged from simplified texts to authentic articles in Anesthesia. The reading skill was planned to be mainly emphasized but in case that the students required practice in other skills, the teaching materials on the skill required would be supplemented. Furthermore, the contents of the teaching materials should be interesting enough to arouse the motivation and to create a lively atmosphere in the class.

The teaching materials with these specific objectives were as follows:

1. Medical jokes and cartoons: The objectives of this set of materials were to introduce speaking practice and to create a lively atmosphere in the class. These materials were included in every teaching period but only for five to ten minutes. They were not to be tested in the final exam.

2. Selected parts from "The Doctor" written by Dr. Edward E. Rosenbaum who had been a medical doctor for fifty years before he became a severe patient: This book is highly recommended for physicians, nurses,hospital personnel and anyone taking care of a patient. For the class, some selected treatments concerning a conversation between patients, or a patient and a nurse,etc. aimed to initiate a group discussion as well as to enable the students to infer the feeling of a patient from written materials.

3. Selected simplified texts from commercial teaching books: These materials were reserved in hand as alternatives in case that authentic materials turned out to be too difficult for the students.

4. Selected short pieces of news on health or medical science: This set of materials was intended to be a major part for reading practice and to enable the students to pursue the progress of medical science from newspapers and magazines.

5. Selected topics from medical encyclopedia: This set of materials was also a major part for reading practice and to enable the students to read longer pieces of written materials. The selected topics were "Acupuncture," "How Drugs Work-and Sometimes Don't" and "The Patients'Rights".

6. Three selected articles from journals in Anesthesia: This set of materials was aimed as an ultimate goal that the students could achieve in reading.

Classroom Observation:

As I was informed earlier that this group of students were not very good at English but from the course description, they were expected to be able to read texts in the field of Anesthesia, I wondered myself how an English course of only 15 hours could help the students to achieve the goal. I also doubted to what extent English was needed in the nursing career. This was the reason why I wanted to conduct an informal research trying to collect information from the students while I was teaching and at the same time to adapt my teaching to be suitable to their level of English.

On the first day of teaching, I found my students very co-operative. I asked them after graduation, to what extend they had used English in their career. And I received the same information I had before, that they rarely

used English. Only two of them working in private hospitals sometimes had to take care of foreign patients and easy English was used. These two needed to practice speaking in a medical context. The rest of them rarely had foreign patients in their hospitals. When there were foreign patients, nurses who can speak English were assigned to take care of them. In the case of a foreign patient, the doctor would take the history record himself. For my nursing students, their main duty was to assist the doctors in the operating theatre. They sometimes had to take care of severe patients before and after an operation. Usually, these patients do not talk much. Therefore, I assumed that this group of students did not need listening or speaking skills in English.

I administered a pre-test of only ten items (its reliability was 0.71) to find out their reading ability. Twenty students attended the class on the first day. The scores ranged from 90% to 10% (Mean = 42.50% and S.D.= 1.95). The scores of the pre-test showed that the reading ability of the students between the high and low groups were tremendously different. I was worried about the low group of students and intended to help them to score higher is the final examination because I did not want to fail any students.

On the first day I used the reading materials on "Acupuncture" and most of them said the content was interesting. They knew what acupuncture was but they did not know that it was linked with Chinese traditional philosophy of "Yin and Yang".

On the second day, I assigned the students to read through an article from a journal, " The Anesthetic Management of Sudden Intrapartum Fetal Distress". I told them to underline every word whose meaning they did not know without using a dictionary. The following was a selected part in which words with a single line indicated the words that the students in the low group did not understand and words with double lines indicated the words that I did not understand myself.

> Advantages of an epidural technique in our case are that the epidural is already present and functioning and that it reduces the risk of aspiration, hypoxia, and neonatal depression. As well, maternal catecholamine levels-which may contribute to decreased placental perfusion (umbilical cord vasoconstriction)-are reduced. The major disadvantage of an epidural is to provide immediate anesthesia to at least a T-6 level. Local anesthetic agents with a rapid onset of action are 1.8% carbonated lidocaine and 3% 2-chloroprocaine, but these agents require ten to fifteen minutes to be effective and should be administered only 5 ml at a time after a test dose. Further disadvantages are the possibility of missed segments, hypotension, and nausea and vomiting during the procedure. As well, the mother may become difficult to control emotionally. However, it is a reasonable practice to try to utilize the existing epidural anesthetic that is supplemented with a rapidly acting local anesthetic. If this block is inadequate at the time of skin incision, the surgeons must be told to wait and general endotracheal anesthesia must be induced with a rapid-sequence intravenous induction and cricoid pressure.

This means that even poor students could understand the words that I did not know. Or it can be concluded that the students did not have trouble with the technical terms. They usually used them unconsciously with their native

language in speaking or writing. This is quite common in the field of medicine.

Most of them said the article on anesthesia was easier than the article from an encyclopedia by which they meant the " Acupuncture " text that I was using as a part of the teaching materials. Thus they seemed to have rather more problems with general English. In my opinion, if we teach them general English in general contexts the reading content might not be interesting for them.

Anyhow I decided to concentrate only on the reading skill as other skills had been proved to be not important to most of them. I used the materials which I had planned and tried to teach the students to apply reading strategies.

One of the most important things in selecting reading texts is that the texts must convey, new interesting information for the students. I remembered when I distributed a reading text on " Blisters ", aimed at scanning practice. This material works well with the first year undergraduate nursing students. But for these postgraduate nursing students, the content seemed to be too easy for them. They looked through the questions and gave the answers right away without reading the text. I realized from the expression on their faces that they did not want to waste time reading the text. I had to finish off this material very quickly and move on to other materials.

Through the end of the course, I found the students very co-operative, they worked hard, and could cover quite a lot of teaching materials. I also found the course challenging to teach and to improve my materials to be more relevant to meet their needs.

Evaluation

1. Teaching Materials: At the end of the course, I asked the students to fill in an informal questionnaire of an open ended type in which they were free to make comment on all teaching materials. Their attitudes could be summarized as follows:

1.1. Medical jokes and cartoons were not useful but they enjoyed them. This type of materials made them feel relaxed in class.

1.2. Selected articles from journals in Anesthesia were the most useful materials.

1.3. In general, the students found the contents of the teaching materials very interesting. Most of them said the materials were difficult but challenging. They all agreed with the selection of materials.

1.4. A few students made extra comments that the teaching period should be expanded and they needed more speaking practice.

2. Comments on Students: When I was teaching, I tried to keep a record of my students' ability in English without their being aware of this. My comments could be summarized as follows:

2.1. The students have no trouble with technical terms used in Anesthesia. The reason for this is that they usually use technical terms in their career but in Thai contexts and certainly in Thai structural patterns. Thus, I may say that all of them are weak in English writing. However, their reading ability is moderately good and if they try hard, they can read English texts with a reasonable level of comprehension. From my observation, confirmed by the final examination, the students were more used to a text style of factual presentation, they had problems with inferences and sarcastic state-

ments as in "The Doctor".

2.2. As the students rarely used English in their career, their listening and speaking skills were weak. Anyhow, they wanted more practice in thesetwo skills.

2.3. The students were enthusiastic to keep in touch with progress in medical science. Therefore, they should be encourage to read items of news from English newspapers or magazines and thus improve their English at the same time.

3. Ideas on Teaching Methods: For this group of students, I think an eclectic approach to teaching methods should be used. For example, I found the communicative approach appropriate with the materials from "The Doctor". However, for the articles from journals, I asked them to survey the whole article first and then explained only the grammatical points that might cause problems in reading comprehension. After that I asked the students to perform a translation task with me. I helped them with the general terms and they help me with technical terms. We move on fast paragraph by paragraph. Since the whole article was long, I had to keep switching the tasks, such as a discussion in English on part that was easy for the students to express their ideas. For some students who could not speak English, I allowed them to take part in the discussion in Thai. The main point is to ask the students to perform only the tasks that they can do. By using an eclectic approach to teaching methods, a long tough (but interesting) article can be made enjoyable.

4. Achievement: As I said earlier, the students in the lower group scored very low in pre-test. The final test was plan to help these students. To cover the teaching period of 15 hours, the whole course was extended for almost two months because there were many official holidays in between. Therefore, the low group of students had extra time to catch up with the rest of students. To really test their achievement, the final test were divided into two parts: seen reading texts (50%) and unseen reading texts (50%).

4.1. The test on seen reading texts covered: a part of "The Doctor" (about 2,000 words), an article from an encyclopedia, "The Patients' right" (about 2,000 words) and article in Anesthesia, "The Anesthetic Management of Sudden Intrapartum Fetal Distress" (about 2,700 words). Selected part of these three texts were tested in the final. The students were allowed to bring in the test their copies of the assigned texts.

The number of outside reading texts was very small for good students but for weak students it was quite hard work. However, the weak students had a good and fair opportunity to catch up with the more able ones. From my observation on the day of the test, I could be sure that the students must have worked very hard. Their assigned copies were full of word-meanings and notes.

4.2. The texts on unseen reading part covered a non-linear text, one item of news and two short articles from encyclopedias. Although the reading passages in this part were unseen, they were subject-related to the teaching materials. It is an advantage of using news items as teaching materials. If we find a series of news items, we can use the first issue for classroom teaching, keep the second for the final test and the third for those students who have to take a re-exam. For encyclopedias, we can usually find the same topic written in different versions in different sets of encyclopedia. We can use one version for teaching material and keep the other for the tests. By doing this, the final test can be made a real achievement test.

Before the final test, I had the students do the post-test (the same form as the pre-test). The results of the post-test score were highly satis-

factory. They indicated that the reading skills of the students in all three groups (high, mid and low) were improved at a statistically significant level, especially the low group of students. Some of them could even catch up with the high group. The detail of all the tests including the final is reported at the end of this paper. For the final test, all of the students could reach a high level score on the part of the assigned article in Anesthesia. This means that they could achieve the necessary ability to read texts in their own field.

Conclusion:

From my own teaching experience I would like to conclude that in designing a short course in ESP, the teaching materials should be prepared specifically to meet the needs of the students either for their academic purposes or their career. The contents of teaching materials should be relevant to their needs and also convey new interesting information for students. An eclectic approach to teaching methods should be used to match specific types of teaching materials and also specific classroom-situations. Classroom observation would help teachers evaluating students' ability and help improving the performance of weak students. Importantly, the final test should only aim to evaluate the students' actual achievement.

A COMPARISON OF THE ENGLISH READING ACHIEVEMENT OF THE STUDENTS OF DIFFERENT ENGLISH READING ABILITY

Reading Ability	Students NO.	Pre-test 10	Post-test 10	Final-test 100	Test	X	S.D.	t value	P value
	1	9	10	85					
	2	7	7	70	Pre-test	6.43	1.29		
High	3	7	9	68				2.78	<0.05
(N=7)	4	6	7	77	Post-test	7.57	1.69		
	5	6	9	67					
	6	5	6	68	Final-test	69.43	9.62		
	7	5	5	51					
	8	4	5	65					
	9	4	4	62	Pre-test	4.00	0.00		
Mid	10	4	4	56				2.31	<0.05
(N=6)	11	4	4	55	Post-test	4.67	0.72		
	12	4	5	55					
	13	4	6	54	Final-test	57.83	4.24		
	14	3	7	67					
	15	3	6	65	Pre-test	2.29	0.68		
Low	16	3	8	63				6.07	<0.01
(N=7)	17	2	7	71	Post-test	6.14	1.56		
	18	2	7	64					
	19	2	3	51	Final-test	62.14	6.63		
	20	1	5	54					
					Pre-test	4.25	1.95		
Total								3.25	<0.01
(N=20)					Post-test	6.20	1.83		
					Final-test	63.40	8.69		

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